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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS REFORM THE MODIF

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
x Practitioners a	ssociated with the Custo	omer Number:	ner Number: 02292			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
		Registration Number			Registration Number	
			-			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
The address associated with Customer Number: 02292						
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Firm or Individual Name						
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City		State		Zip		
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Assignee Name and Address: WELLOGIX TECHNOLOGY LICENSING, LLC 440 Louisiana, Suite 2100 Houston, Texas 77019						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	10 1	La supplie	Date	act on Den	Feb. 17	
Name	Jeby Hug	phes	Telephon	ie	(713) 42	
Title President Wellogix Technology Licensing, LLC						